

Patient Name : Mr. KUNWAR BAHADUR CHAUDHARY Visit No : CHA250042839  
Age/Gender : 62 Y O M O D /M Registration ON : 10/Mar/2025 10:45AM  
**Lab No : 10140134** Sample Collected ON : 10/Mar/2025 10:45AM  
Referred By : Dr.KG1 Sample Received ON :  
Refer Lab/Hosp : CHARAK NA Report Generated ON : 10/Mar/2025 02:18PM

**CT WHOLE ABDOMEN**

**CECT STUDY OF WHOLE ABDOMEN**

CT study performed before and after injecting (intravenous) 60ml of non ionic contrast media and oral administration of 20ml contrast media diluted with water.

- **Liver** is enlarged in size (Span 175mm) and shows reduced density of parenchyma. Minimal central intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is distended and shows normal lumen. No mass lesion is seen. GB walls are not thickened. (CT is not modality of choice for biliary and gall bladder calculi, USG is advised for the same).
- **CBD** is dilated measures upto 13mm in proximal part & 7mm in distal part at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** Head of pancreas shows heterogeneous density with multiple parenchymal calcifications, largest measuring 11.5mm with intra-ductal calculi. PD is dilated measuring upto 9mm. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous density of parenchyma. No SOL is seen.
- **Both Kidneys** are normal in size and position. No hydronephrosis is seen. No calculus is seen. Cyst is seen in mid polar region, measuring 30 x 29mm in left kidney.
- **Both Ureters** are normal in course and caliber.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Urinary Bladder** is normal in contour with normal lumen. No calculus or mass lesion is seen. UB walls are not thickened
- Bilateral seminal vesicles appear normal.
- **Prostate** is enlarged in size measures 49 x 29 x 39mm (weight 37gm) and shows normal density of parenchyma. No mass lesion is seen. Prostatic calcifications are seen.
- Circumferential thickening and edema of wall of 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> part of duodenum is seen.
- Other opacified small bowel loops are seen normally. No other abnormally thickened/edematous bowel loop is seen. No collection is seen. No bowel origin mass lesion is seen.



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**OPINION:**

- MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER.
- DILATED C.B.D WITH MINIMAL CENTRAL I.H.B.R.D - ? DISTAL C.B.D STRICTURE (DUE TO PANCREATITIS).
- CHRONIC CALCIFIC PANCREATITIS WITH DILATED PANCREATIC DUCT.
- CIRCUMFERENTIAL THICKENING AND EDEMA OF WALL OF 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> PART OF DUODENUM - DUODENITIS.
- LEFT RENAL CYST.
- PROSTATOMEGALY.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

\*\*\* End Of Report \*\*\*

CHARAK

